

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 20180169		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>			
<b>Name of Filing Committee, Candidate or Lobbyist:</b> DELLOSO, DAVE FRIENDS OF											
<b>Street Address:</b> 2136 HIGHLAND AVE											
<b>City:</b> MORTON					<b>State:</b> PA		<b>Zip Code:</b> 19070-1221				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/> No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2018	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b>	<b>DISKETTE</b> <input checked="" type="checkbox"/>			
<b>Name of Office Sought by Candidate:</b>					<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO DAY YEAR			162	STH	DEM	
					11 6 2018			(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		MO	DAY	YEAR	<b>TO</b>	MO	DAY	YEAR	<b>FOR OFFICE USE ONLY</b>		
		11	27	2018		12	31	2018			
<b>A. Amount Brought Forward From Last Report</b>					\$		5,576.98				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$		0.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$		5,576.98				
<b>D. Total Expenditures (From Schedule III)</b>					\$		2,070.13				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$		3,506.85				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$		3,692.30				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$		475.81				

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
DELLOSO, DAVE FRIENDS OF	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 0.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	0.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

					DATE			AMOUNT	
Full Name of Contributor					MO	DAY	YEAR	\$0.00	
Mailing Address									
City		State		Zip Code (Plus 4)					

<b>PAGE TOTAL</b>	
\$	0.00

**PART C**

# Contributions Received From Political Committees

## OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
MO	DAY	YEAR		
				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

## PART E OTHER RECEIPTS

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 0.00

## SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS  
DURING THE REPORTING PERIOD.**

**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
DELLOSO, DAVE FRIENDS OF		From: <u>11/27/2018</u> To: <u>12/31/2018</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 3,692.30
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 3,692.30



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
DELLOSO, DAVE FRIENDS OF	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

					DATE		AMOUNT	
Full Name of Contributor Pennsylvania House Democratic Campaign Committee (HDCC)					MO	DAY	YEAR	\$ 1,846.15
Mailing Address 225 State St					11	29	2018	
City Harrisburg		State PA	Zip Code(Plus 4) 171011129					
Employer of Contributor N/A					Occupation N/A			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)		Description of Contribution	
							Staff	

Full Name of Contributor Pennsylvania House Democratic Campaign Committee (HDCC)				MO	DAY	YEAR	\$ 1,846.15
Mailing Address 225 State St				11	29	2018	
City Harrisburg	State PA	Zip Code(Plus 4) 171011129					
Employer of Contributor N/A				Occupation N/A			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution Staff	

<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>	<b>PAGE TOTAL</b> 3,692.30
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# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
DELLOSO, DAVE FRIENDS OF	From <u>11/27/2018</u> To: <u>12/31/2018</u>

DATE				AMOUNT
<b>To Whom Paid</b> Jim Carpenter	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> Information Requested	11	30	2018	\$ 200.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
	PA		Stipend	
<b>To Whom Paid</b> Delaware County dems	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 104 Gayley St	12	2	2018	\$ 120.00
<b>City</b> Media	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
	PA	190633413	Donation	
<b>To Whom Paid</b> Franklin Mint Federal Credit Union	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 5 Hillman Dr Ste 100	12	3	2018	\$ 15.71
<b>City</b> Chadds Ford	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
	PA	193179752	Fees	
<b>To Whom Paid</b> Google Suite	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1600 Amphitheatre Pkwy	12	2	2018	\$ 53.00
<b>City</b> Mountain View	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
	CA	940431351	Utilities	
<b>To Whom Paid</b> NGP VAN, Inc.	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1445 New York Ave NW Ste 200	12	2	2018	\$ 960.00
<b>City</b> Washington	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
	DC	200052158	Vendor Fees	

<b>To Whom Paid</b> Lou Saul			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> Information Requested			11	27	2018	
<b>City</b>	<b>State</b> PA	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b> Stipend			

  

<b>To Whom Paid</b> Todd Smith			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> Information Requested			11	30	2018	
<b>City</b>	<b>State</b> PA	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b> Stipend			

  

<b>To Whom Paid</b> Spasso Italian Grill			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1 W State St			12	1	2018	
<b>City</b> Media	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633310	<b>Description of Expenditure</b> Event expenses			

  

<b>To Whom Paid</b> Spasso Italian Grill			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1 W State St			12	1	2018	
<b>City</b> Media	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633310	<b>Description of Expenditure</b> Event expenses			

  

<b>To Whom Paid</b> Spasso Italian Grill			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1 W State St			12	1	2018	
<b>City</b> Media	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633310	<b>Description of Expenditure</b> Event expenses			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 2,070.13

# SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate  DELLOSO, DAVE FRIENDS OF				Reporting Period  From: <u>11/27/2018</u> To: <u>12/31/2018</u>			
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DATE				Outstanding Balance of Debt		
Name of Creditor Dave Delosso			MO	DAY	YEAR	\$ 87.82
Mailing Address 2136 Highland Ave			10	13	2018	
City Morton	State PA	Zip Code (Plus 4) 190701221	Description of Debt Event Costs - Catering and Beverages			
DATE				Outstanding Balance of Debt		
Name of Creditor Dave Delosso			MO	DAY	YEAR	\$ 48.80
Mailing Address 2136 Highland Ave			10	13	2018	
City Morton	State PA	Zip Code (Plus 4) 190701221	Description of Debt Campaign Meeting - Folcroft Diner			
DATE				Outstanding Balance of Debt		
Name of Creditor Dave Delosso			MO	DAY	YEAR	\$ 321.15
Mailing Address 2136 Highland Ave			10	13	2018	
City Morton	State PA	Zip Code (Plus 4) 190701221	Description of Debt Office Supplies - Costco			
DATE				Outstanding Balance of Debt		
Name of Creditor Dave Delosso			MO	DAY	YEAR	\$ 18.04
Mailing Address 2136 Highland Ave			10	13	2018	
City Morton	State PA	Zip Code (Plus 4) 190701221	Description of Debt Office Supplies - Home Depot			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 475.81

